

Corporate Parent Board

Children in Our Care and the Mental Health Act

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Purpose

- To ensure awareness of the risks and demand in relation to the mental health of children in our care.
- To raise awareness of Mental Health Act activity for children in our care.
- To consider local processes, the role of the corporate parent and the interface between mental health services and children's services.
- To raise awareness of system challenges which impact upon children and young people experiencing mental health crisis.
- To develop improved partnership working between services and partner organisations in relation to children and young people experiencing mental health crisis.

Mental Health Risks for Children in Our Care

*Because of their experiences both before and during care, looked-after children are at much greater risk of poor mental health than their peers. Research suggests that **around 45% of looked-after children have a diagnosable mental health disorder**, and up to 70%-80% have recognisable mental health concerns.*

[Looked-after children : Mentally Healthy Schools](#)

Children and Young People MHA Detail Last 6 months (Mar – Aug 21)

6 Month Report Children & Young People Assessments	No. of CYP MHA assessments	Of Individual CYP (some assessed more than once)	No. of individuals under 16 yrs of age	No. of individual Children in our care	No. of children in our care detained under MHA
Mar-21	25	16	11	8	4
Apr-21	21	17	6	7	0
May-21	19	14	4	8	2
Jun-21	19	15	2	4	1
Jul-21	16	11	4	2	0
Aug-21	13	10	4	2	1
Total	113	83	31	31	8

- The youngest child detained under the MHA during this period was **10 years old** and in need of treatment for a severe eating disorder. (This child was not in care of LCC).

Corporate Parent as Nearest Relative - section 27 MHA

27. Children and young persons in care.

Where—

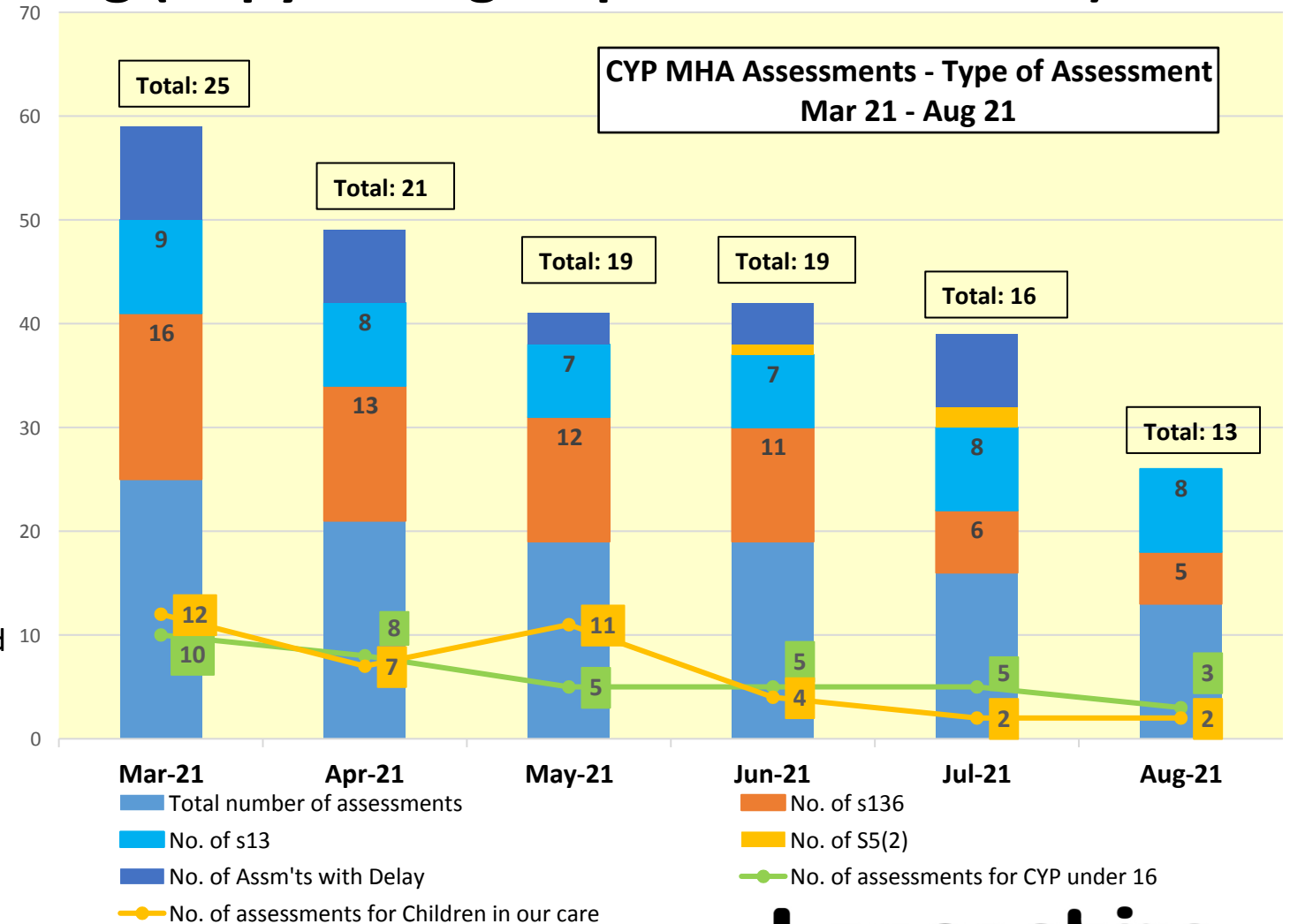
(a) a patient who is a child or young person is in the care of a local authority by virtue of a care order within the meaning of the Children Act 1989; or

the authority shall be deemed to be the nearest relative of the patient in preference to any person except the patient's husband or wife [or civil partner] (if any).]

- The nearest relative (NR) must be informed by the Approved Mental Health Professional (AMHP) of the making of an application for admission under section 2 MHA.
- The NR must be consulted prior to the making of an application under section 3 MHA and the application cannot be made if the NR objects.
- The NR has the power to order the discharge from hospital.

CYP MHA Monthly Reporting (Copy of Aug 21 performance data)

- The overall number of CYP assessments reduced again in Aug continuing the gradual downward trend since the March spike.
- Total CYP assessments = 13 (10 individual children & young people were assessed – some had more than one MHA assessment)
- 3 assessments of children under 16 years (of 2 individual children – 1 child being assessed twice)
- 2 of the children and young people assessed were children in our care.
- Outcomes: Of 13 assessments - 4 did not require admission; 1 was admitted informally; 7 were detained under s.2; (+1 double assessments = 13).
- Resource / delay themes:-
 - 1 instance of bed delay,
 - 4 instances of no CYP specialist doctor present;
 - 4 instances of no Tier 4 worker present (of which 2 related to out of hours assessments).



System Challenges

- **CAMHS Tier 4 Services:**

CAMHS Tier 4 Access and Outreach Service are the team with responsibility for gatekeeping hospital admissions for children and young people. Unfortunately this service is not commissioned to provide an out of hours service which results in delays to admission following MHA assessments which take place out of hours. However, we are currently awaiting confirmation of plans to commission this service.

- **CAMHS Specialist Doctor Availability:**

It is not always possible to arrange for a doctor with CAMHS specialism to attend MHA assessments. This is the case both during the day and out of hours, though it is more difficult out of hours as there is no CAMHS consultant on-call for Lancashire & South Cumbria Foundation Trust (LSCFT).

- **LSCFT Doctors and Children Under 16 Years:**

In instances where no CAMHS specialist doctor is available, adult LSCFT on-call consultants will generally agree to assess 16 and 17 year olds but will not assess children under 16. This can cause even greater delays for the youngest children.

System Challenges (continued)

- **Disparity in Crisis Provision:**

LSCFT Crisis Home Treatment Teams will work with young people aged 16 and over but there is no equivalent provision for children in mental health crisis under Tier 3 CAMHS.

- **Specialist Inpatient Care:**

Children and young people who are not suitable for local inpatient services at The Cove (i.e. those who require a PICU - Psychiatric Intensive Care Unit) may have to wait a number of days for a bed to be available and this could be a significant distance from Lancashire.

- **Health Based Places of Safety (HBPoS):**

Although LSCFT have a purpose built suite at Royal Preston Hospital which is set up to receive young people detained by the police under section 136 MHA, the suite is not always operational. The only alternative is for children and young people in crisis to be supported in A&E departments and children's wards.

Action taken by System Partners

- CYP specialist doctors are not available for assessments after 5pm, however adult medical teams are available to support with assessments through the Mental Health Liaison Team
- LSCFT were funded for 12 weeks to deliver 24/7 Tier 4 access team, this funding was not extended by NHS England. However LSCFT are reviewing the current out of hours provision and whether this can be extended & exploring a range of options with LCC and other local authorities
- Lancashire Mental Health Activity Report is shared with system partners and on the agenda at the Adult Mental Health Cell, which includes information for CYP.
- Multi-Organisational S.136 training has been commissioned for all staff across Lancashire and South Cumbria, both health and social care, to improve practice in the area of CYP.
- System working with Lancashire police to increase engagement with the Mental Health Advice Line prior to 136 detention to ensure alternatives are explored.
- Lancashire County Council's AMHP Service has reviewed and updated the referral and screening policy to ensure that more robust process is followed.
- An Action Plan for the local authority has been developed to improve the practice with section 136 to ensure that risk management plans are up to date.
- Additional funding agreed by LSCFT to fully staff the 136 suites, reducing instances of closures and movement out of area.
- LSCFT have agreed significant investment into the Mental Health community teams to support increased support within the community. This is part of the Mental Health Investment Schemes (MHIS) and recruitment has commenced to support this.

Opportunities for Joint Working / Improving Practice

Suggestions:

- LCC AMHP Service to review current practice with joint working with Children Services for Children in care.
- An agreement between Services on who will undertake the role of Nearest Relative for Children in care.
- AMHPs to do briefing sessions for staff in Childrens Services on the role of the AMHP.

Have you any ideas?

Glossary

Approved Mental Health Professional (AMHP) – a professional (usually a social worker) with additional post-qualifying training who is approved by the local authority. AMHPs can make an application to detain a person under the MHA.

CAMHS – Child & Adolescent Mental Health Services.

Health Based Place of Safety (HBPoS) – a designated suite, ward or department where police may take a person detained under section 136 MHA to be assessed under the MHA.

Nearest Relative (NR) – a person legally defined under section 26 MHA who has particular rights and powers in relation to a person detained under the MHA.

Section 2 MHA – compulsory detention in hospital for a period of assessment of mental disorder not exceeding 28 days.

Section 3 MHA – compulsory detention in hospital for a period of treatment of mental disorder not exceeding 6 months.

Section 136 MHA – a police power to detain a person who appears to be suffering from a mental disorder and to take them to a place of safety for assessment under the MHA.